

CHUBB®

Western Claim Service Center
P.O. Box 42065
Phoenix, AZ 85080
O (213) 612-0880
F (800) 664-1765

May 12, 2020

Farber & Co
333 Hegenberger Road, Suite 504
Oakland, CA 94621

Re: Employee: Jonathan Shockley
Employer: Biotelemetry Inc
Date of Injury: 2/15/2019
Policy Number: 000071738154 / 000090
Claim Number: 040519008736
Company: Chubb Indemnity Insurance Company

To whom it may concern

In accordance with the Rules of Practice and Procedures of the Workers' Compensation Appeals Board, we submit the following:

(x) Medicals as follows: All Medicals received from 2/18/20 to 5/12/20.

Sincerely,

Mario Castro

Mario Castro
Claims Examiner

**PROOF OF SERVICE
1013A (3) CCP**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is P.O. Box 42065, Phoenix, Arizona 85080.

On May 12, 2020 I served the foregoing document described as a **covered letter and medical reports**, on the interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Los Angeles, California addressed as follows:

Christian Charles Colantoni
Colantoni, Collins, Marren, Phillips and Tulk
201 Spear Street
Suite 1100
San Francisco, CA 94105

Farber & Co
333 Hegenberger Road, Suite 504
Oakland, CA 94621

Executed on May 12, 2020 in Los Angeles, California.

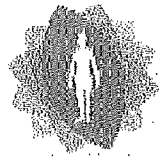
I declare under penalty of perjury, under the laws of the State of California that the above is true and correct.

Nery Salcedo

Signature

Nery Salcedo

Typed or Printed Name



Pain & Rehabilitative
CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Feb 26, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He would like to continue this if possible. He started massage therapy and it did cause some increased pain. He will try to be more vocal with the therapist.

The patient states that he underwent a MRI and upper extremity EMG through his QME 3 weeks ago. We do not have this report for review.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily

2. Advil (OTC)

3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

12 sessions of acupuncture 97813, 97814, 97026, 97124 Bilateral hands, wrists and forearms.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.

REF: 1 update amount

Changed/Discontinued Medication(s):

Changed: VOLTAREN 1% GEL - update amount

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

We will request for 6 additional sessions of acupuncture today.

He underwent a QME on Jan 23, 2020 and the patient had a MRI and EMG through this QME. We will review this when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under

fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Acupuncture - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Acupuncture

Acupuncture

Acupuncture has been used to treat CTS and other hand, wrist, and forearm MSDs.(790, 791) There is evidence of its efficacy for treatment of chronic spine disorders, although the evidence suggests traditional acupuncture is not superior to other acupuncture methods (see Chronic Pain and Low Back Disorders Guidelines).

Acupuncture for Acute, Subacute, or Chronic CTS

Not Recommended. Acupuncture is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

Rationale: There are quality trials of acupuncture compared with placebo or sham acupuncture and they have failed to show benefit of acupuncture for treatment of CTS.(792) One trial found no differences between acupuncture and oral steroid.(793, 794) Another trial susceptible to contact time bias found minimal differences between acupuncture and nocturnal wrist splinting.(781) Thus, the highest quality evidence suggests acupuncture is ineffective for treatment of CTS and acupuncture is not recommended.

Evidence: There are 4 moderate-quality RCTs incorporated into this analysis.(781, 792-794) There are 3 low-quality RCTs in Appendix 2.(795-797)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL and

Cochrane Library without date limits using the following terms: Acupuncture, Acupuncture Therapy, carpal tunnel syndrome, CTS, median nerve neuropathy, median neuropathy, median nerve disease, entrapment, neuropathy, nerve compression, burning, itching, numbness, tingling, wrist, hand, palm, finger, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random,* randomized, randomization, randomly; systematic, systematic review, retrospective studies, and prospective studies. We found and reviewed 40 articles in PubMed, 411 in Scopus, 83 in CINAHL, 46 in Cochrane Library and 0 in other sources. We considered for inclusion 7 from PubMed, 2 from Scopus, 0 from CINAHL, 0 from Cochrane Library and 0 from other sources. Of the 9 articles considered for inclusion, 8 randomized trials and 2 systematic studies met the inclusion criteria.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to

prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/04/2020

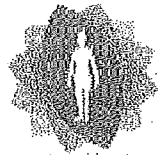
Castro, Mario : 03/04/2020

UR, Chubb : 03/04/2020

Kweller, Esq., Zachary : 03/04/2020

Castro, Mario : 03/04/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/02/2020



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

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Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Feb 26, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 **Age:** 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He would like to continue this if possible. He started massage therapy and it did cause some increased pain. He will try to be more vocal with the therapist.

The patient states that he underwent a MRI and upper extremity EMG through his QME 3 weeks ago. We do not have this report for review.

ROS:**Constitutional:**

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

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Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

12 sessions of acupuncture 97813, 97814, 97026, 97124 Bilateral hands, wrists and forearms.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
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PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.

REF: 1 update amount

Changed/Discontinued Medication(s):

Changed: VOLTAREN 1% GEL - update amount

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

We will request for 6 additional sessions of acupuncture today.

He underwent a QME on Jan 23, 2020 and the patient had a MRI and EMG through this QME. We will review this when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

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I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

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*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Acupuncture - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Acupuncture

Acupuncture

Acupuncture has been used to treat CTS and other hand, wrist, and forearm MSDs.(790, 791) There is evidence of its efficacy for treatment of chronic spine disorders, although the evidence suggests traditional acupuncture is not superior to other acupuncture methods (see Chronic Pain and Low Back Disorders Guidelines).

Acupuncture for Acute, Subacute, or Chronic CTS

Not Recommended. Acupuncture is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

Rationale: There are quality trials of acupuncture compared with placebo or sham acupuncture and they have failed to show benefit of acupuncture for treatment of CTS.(792) One trial found no differences between acupuncture and oral steroid.(793, 794) Another trial susceptible to contact time bias found minimal differences between acupuncture and nocturnal wrist splinting.(781) Thus, the highest quality evidence suggests acupuncture is ineffective for treatment of CTS and acupuncture is not recommended.

Evidence: There are 4 moderate-quality RCTs incorporated into this analysis.(781, 792-794) There are 3 low-quality RCTs in Appendix 2.(795-797)

A comprehensive literature search was conducted using PubMed, Scopus, CINAIL and



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshtki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jan 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 **Age:** 41 Year 3 Month 1 Week

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

Patient denies acute changes to his pain complaints. He continues to report bilateral hand and arm pain, right greater than left. Occasionally pain radiates up from his hands into his bilateral

forearms and up towards his neck. Pain is worse with repetitive use of his upper extremities, typing, or computer work. Pain is better with conservative treatment.

He reports improvement with acupuncture treatment, he has recently been approved for 6 additional sessions. With regard to massage therapy, he reports that this did not really help as the practitioner was only able to focus on his hands, while it's really his whole arms that are painful to him. He would be interested in continuing with this treatment if it were to include both arms rather than just both hands.

With regard to medication, he reports improvement with the use of Voltaren gel. He denies side effects with the use of this medication. He requests for a refill today.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.
The patient does not drink alcoholic beverages.
The patient does not use illicit drugs.
The patient is not married.
The patient has a significant other.
The patient has no children.
Patient does not have a family history of childhood abuse.
Patient does not have a family history of sexual abuse.
Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.
LUE:
Arm Abduction 5/5
Forearm Flexion 5/5
Forearm Extension 5/5
Wrist Extension 5/5
Thumb Apposition 5/5
Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of Massage Therapy (97124)- for the bilateral upper extremities.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

He is off work at this time.

Plan:

- He has been approved for 6 additional sessions of acupuncture treatment, we will monitor his response to this.
- We will request for 6 sessions of massage therapy for his bilateral arms, rather than just his bilateral hands.
- If he does not respond to conservative measures, an evaluation at the Northern California functional restoration program would be indicated. He continues to be off work.
- Voltaren gel refilled today.
- He is scheduled for QME on Jan 23, 2020. We will review this report when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects

of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 02/03/2020

Castro, Mario : 02/03/2020

UR, Chubb : 02/03/2020

Kweller, Esq., Zachary : 02/03/2020

Castro, Mario : 02/03/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 02/06/2020

Pain and Rehabilitative Consultants Medical Group
1335 Stanford Avenue
Emeryville, CA 94608-2536
Phone: 510-858-3155 Fax: 510-740-7769

Patient: Jonathan Shockley
Employer: Biotelemetry, Inc
Case Number: 040519008736

PROOF OF SERVICE BY MAIL
(CCP §§1013(A), 2015.5)

I declare that:

I am employed in the County of Alameda, I am over the age of eighteen years and not a party to the within action; my business address is 1335 Stanford Avenue Emeryville, CA 94608-2536

On 02/20/2020, I served the within

HCFA 1500
REPORT

on the named parties in said action by placing a true copy thereof, enclosed in a sealed envelope, with postage thereon fully prepaid, in the United States Mail,

Addressed as follows

Chubb Son of Federal Ins Company
P.O. Box 42065
Phoenix, AZ 85080

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed this date at Emeryville, California

Dated: 02/20/2020



Maria Urena

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

12/2/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

99213, 97813, 97814, 97140, 97110

12/6/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 3-4 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

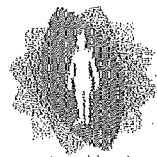
12/10/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 3 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Feb 26, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He would like to continue this if possible. He started massage therapy and it did cause some increased pain. He will try to be more vocal with the therapist.

The patient states that he underwent a MRI and upper extremity EMG through his QME 3 weeks ago. We do not have this report for review.

ROS:**Constitutional:**

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily

2. Advil (OTC)

3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

12 sessions of acupuncture 97813, 97814, 97026, 97124 Bilateral hands, wrists and forearms.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.

REF: 1 update amount

Changed/Discontinued Medication(s):

Changed: VOLTAREN 1% GEL - update amount

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

We will request for 6 additional sessions of acupuncture today.

He underwent a QME on Jan 23, 2020 and the patient had a MRI and EMG through this QME. We will review this when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under

fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Acupuncture - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidclines regarding Acupuncture

Acupuncture

Acupuncture has been used to treat CTS and other hand, wrist, and forearm MSDs.(790, 791) There is evidence of its efficacy for treatment of chronic spine disorders, although the evidence suggests traditional acupuncture is not superior to other acupuncture methods (see Chronic Pain and Low Back Disorders Guidelines).

Acupuncture for Acute, Subacute, or Chronic CTS

Not Recommended. Acupuncture is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

Rationale: There are quality trials of acupuncture compared with placebo or sham acupuncture and they have failed to show benefit of acupuncture for treatment of CTS.(792) One trial found no differences between acupuncture and oral steroid.(793, 794) Another trial susceptible to contact time bias found minimal differences between acupuncture and nocturnal wrist splinting.(781) Thus, the highest quality evidence suggests acupuncture is ineffective for treatment of CTS and acupuncture is not recommended.

Evidence: There are 4 moderate-quality RCTs incorporated into this analysis.(781, 792-794) There are 3 low-quality RCTs in Appendix 2.(795-797)

A comprehensive literature search was conducted using PubMed, Scopus, CINAIL and

Cochrane Library without date limits using the following terms: Acupuncture, Acupuncture Therapy, carpal tunnel syndrome, CTS, median nerve neuropathy, median neuropathy, median nerve disease, entrapment, neuropathy, nerve compression, burning, itching, numbness, tingling, wrist, hand, palm, finger, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random,* randomized, randomization, randomly; systematic, systematic review, retrospective studies, and prospective studies. We found and reviewed 40 articles in PubMed, 411 in Scopus, 83 in CINAHL, 46 in Cochrane Library and 0 in other sources. We considered for inclusion 7 from PubMed, 2 from Scopus, 0 from CINAHL, 0 from Cochrane Library and 0 from other sources. Of the 9 articles considered for inclusion, 8 randomized trials and 2 systematic studies met the inclusion criteria.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to

prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/04/2020

Castro, Mario : 03/04/2020

UR, Chubb : 03/04/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/02/2020

Pain and Rehabilitative Consultants Medical G

1335 Stanford Avenue
Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105
Name Jonathan Shockley
Date 03

Address 1000 Sutter St Room 123
San Francisco, CA 94103

12 sessions of Acupuncture for the Bilateral
hands, wrists and forearms

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

<input type="checkbox"/>	Refill
--------------------------	--------

☐ Mark Phillips, P.A.
DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.
DEA#: B12563345 / LIC#: G70042

☐ Timothy Lo, M.D.
DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.
DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereshtki, M.D.
DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.
DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.
DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C
DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. C
DEA#: M

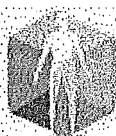
☐ Julia M. F
DEA#: M

☐ Robert J. I
DEA#: M

☐ Jessica A
DEA#: M

☐ Shohreh S
DEA#: M





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FINAL

**SimonMed Northern CA SFMRC
DIAGNOSTIC IMAGING REPORT**

Patient: **Shockley, Jonathan** Sex: M DOB: Sep 27, 1978 Age: 41 Diag. Imaging # 4398678
Status: Outpatient
Referring Physician: Babak Jamasbi M.D.

Exam # 28999181 - **Apr 03, 2020 - MRI - CERVICAL SPINE W/O CONTRAST**

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL INDICATION: Pain.

TECHNIQUE: A multiplanar, multisequence MRI was performed using the following sequences:

Sagittal T1, T2, inversion recovery, axial T2 and gradient echo.

COMPARISON: None.

FINDINGS:

The cervical medullary junction and cervical cord are normal. There is no diffuse marrow infiltrating process. The vertebral bodies are normal in height.

C2-C3: The intervertebral disc is normal. There is no facet joint arthrosis. There is no central canal stenosis or neural foraminal narrowing.

C3-C4: There is a 3 mm right posterior lateral disc osteophyte complex. There is mild bilateral facet joint arthrosis. There is no central canal stenosis. There is moderate right and mild left neural foraminal narrowing.

C4-C5: There is disc desiccation and loss of disc height. There is a 2 mm mild annular disc bulge. There is mild bilateral facet joint arthrosis. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-C6: There is disc desiccation and loss of disc height. There is a 4 mm left posterior lateral disc osteophyte complex. There is no facet joint arthrosis. There is mild central canal stenosis and severe bilateral neural foraminal narrowing.

C6-C7: There is disc desiccation and loss of disc height. There is a 3 mm left paracentral extrusion extending 2 mm superiorly and 2 mm inferiorly from the intervertebral disc level. There is no facet joint arthrosis. There is mild central canal stenosis and mild bilateral neural foraminal narrowing.

C7-T1: The intervertebral disc is normal. There is no facet joint arthrosis. There is no central canal stenosis or neural foraminal narrowing.

IMPRESSION:

1. Mild multilevel degenerative changes of the cervical intervertebral discs and facets including a 4 mm left posterior lateral disc osteophyte complex at C5-C6 and 3 mm left paracentral extrusion at C6-C7 extending 2 mm superiorly and 2 mm inferiorly from the intervertebral disc level.
2. Moderate right C3-C4, severe bilateral C5-C6 neural foraminal narrowing.
3. Mild C5-C6 and C6-C7 central canal stenosis.

dd: Apr 03, 2020

Reported by: Jennifer Lin M.D.

Electronically signed by: Jennifer Lin M.D.

Thank you for your kind referral. If you require further assistance, please contact our Radiologist Hotline at 480-551-0264.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

David F. Smolins, M.D.
Interventional Pain Medicine

Mark J. Sontag, M.D.
Sports, Spine and Electrodagnostic Medicine

Elaine S. Date, M.D.
Musculoskeletal, Spine and Electrodagnostic Medicine

Adam J. Stoller, M.D.
Interventional Pain Medicine

Mikel Davenport, L.A.C.
Acupuncturist



Neeti A. Bathia, M.D.
Musculoskeletal, Sports, Spine and Electrodagnostic Medicine

George J. Rakkar, M.D.
Interventional and Chronic Pain Medicine

Alessandra A.E. Ross, M.D.
Orthopaedic Surgery, Sports Medicine

R. Elaine Lambert, M.D.
Rheumatologist

Mariam Zyskina, N.P.

www.remedydocs.com

Apr 01, 2020

MEDICAL LEGAL SUPPLEMENTAL REPORT - ML-106

RE: Shockley, Jonathan
EMP: CARDIONET LLC
DOI: 02/15/2019
CLAIM #: 7173815490

Dear Concerned Parties,

I am in receipt of a February 6, 2020 MRI of the cervical spine without contrast for Mr. Jonathan Shockley. I have spent 20 minutes reviewing this report, 20 minutes of reviewing her medical record and 20 minutes writing and editing this report. This will be billed as an ML-106 with 60 minutes spent.

This study reveals normal right and left forearm imaging studies. This is consistent with a lack of carpal tunnel but the presence of cubital tunnel syndrome.

He should continue to treat with Dr. Jamasbi with therapies aimed at both cervical etiology and bilateral cubital tunnel syndrome.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,



Adam J. Stoller, M.D.

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Fax: 650.306.0250

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Oakland Office
80 Grand Ave., Suite 810
Oakland, CA 94612
Telephone: 650.306.9490
Fax: 650.306.0205

Apr 01, 2020
Page 2
RE: Shockley, Jonathan

CC:
Mario Castro, Claims Adjuster
James Goines, Defense Attorney
Zachary Kweiler, Applicant Attorney.

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Oakland, CA 94612
Telephone: 650.306.9490
Fax: 650.306.0205

2
Re: Jonathan Shockley
Date: Apr 01, 2020

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

11/27/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

12/2/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

12/13/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 2-3 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle

tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Patient ran out of authorized visits today. 10 more treatments are requested at a frequency of 2/week.

PROCEDURES:

99213, 97813, 97814, 97140, 97110

1/10/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 5-7 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work. Patient experienced a flare-up during the last 3 weeks.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

11/19/2019

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 5-6 (0-10) depending on the day and activity level. There is associated numbness and paresthesia in the hand and wrist, which is now intermittent. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

99213, 97813, 97814, 97140, 97110

11/21/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

11/25/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4-5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

PROCEDURES:

97813, 97814, 97140, 97110

1/24/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4-5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work. Patient experienced a flare-up during the last 3 weeks.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

PROCEDURES:

99213, 97813, 97814, 97140, 97110

David F. Smolins, M.D.
Interventional Pain Medicine

Mark J. Sontag, M.D.
Sports, Spine and Electrodiagnostics Medicine

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Alessandra A.E. Ross, M.D.
Orthopaedic Surgery, Sports Medicine

R. Elaine Lambert, M.D.
Rheumatologist

Marina Zyskina, N.P.

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Apr 06, 2020

MEDICAL LEGAL SUPPLEMENTAL REPORT - ML-106

RE: Shockley, Jonathan
EMP: CARDIONET LLC
DOI: 02/15/2019
CLAIM #: 7173815490

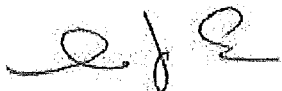
Dear Concerned Parties,

I am in receipt of a February 10, 2020, EMG/NCV of the bilateral upper extremities for Mr. Jonathan Shockley. I have spent 20 minutes reviewing this report, 20 minutes of reviewing her medical record and 20 minutes writing and editing this report. This will be billed as an ML-106 with 60 minutes spent.

This study is abnormal. There is evidence of bilateral demyelinating Ulnar mononeuropathy across the elbows. This is consistent with a diagnosis of bilateral cubital tunnel syndrome. He should continue to treat with Dr. Jamasbi. OT for his bilateral forearms with 14 sessions would be a good place to start treating this problem. If he fails to respond to HEP, OT, the use of elbow braces at night and medication, consultation with a surgeon may be appropriate.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,



Adam J. Stoller, M.D.

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Telephone: 650.306.9490
Fax: 650.306.0250

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Oakland Office
80 Grand Ave., Suite 810
Oakland, CA 94612
Telephone: 650.306.9490
Fax: 650.306.0205

1
Re: Jonathan Shockley
Date: Apr 06, 2020

Apr 06, 2020

Page 2

RE: Shockley, Jonathan

CC:

Mario Castro, Claims Adjuster

James Goines, Defense Attorney

Zachary Kweiler, Applicant Attorney

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80 Grand Ave., Suite 810
Oakland, CA 94612
Telephone: 650.306.9490
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2

Re: Jonathan Shockley

Date: Apr 06, 2020



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Phone-415-248-3700 Fax-650-257-6233 Address-1180 Post St, San Francisco, CA 94109

FINAL

SimonMed Northern CA SFMRC
DIAGNOSTIC IMAGING REPORT

Patient: **Shockley, Jonathan** Sex: M DOB: Sep 27, 1978 Age: 41 Diag. Imaging # 4398678

Status: Outpatient

Referring Physician: Babak Jamasbi M.D.

Exam # 28999181 - Apr 03, 2020 - MRI - CERVICAL SPINE W/O CONTRAST

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL INDICATION: Pain.

TECHNIQUE: A multiplanar, multisequence MRI was performed using the following sequences:

Sagittal T1, T2, inversion recovery, axial T2 and gradient echo.

COMPARISON: None.

FINDINGS:

The cervical medullary junction and cervical cord are normal. There is no diffuse marrow infiltrating process. The vertebral bodies are normal in height.

C2-C3: The intervertebral disc is normal. There is no facet joint arthrosis. There is no central canal stenosis or neural foraminal narrowing.

C3-C4: There is a 3 mm right posterior lateral disc osteophyte complex. There is mild bilateral facet joint arthrosis. There is no central canal stenosis. There is moderate right and mild left neural foraminal narrowing.

C4-C5: There is disc desiccation and loss of disc height. There is a 2 mm mild annular disc bulge. There is mild bilateral facet joint arthrosis. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-C6: There is disc desiccation and loss of disc height. There is a 4 mm left posterior lateral disc osteophyte complex. There is no facet joint arthrosis. There is mild central canal stenosis and severe bilateral neural foraminal narrowing.

C6-C7: There is disc desiccation and loss of disc height. There is a 3 mm left paracentral extrusion extending 2 mm superiorly and 2 mm inferiorly from the intervertebral disc level. There is no facet joint arthrosis. There is mild central canal stenosis and mild bilateral neural foraminal narrowing.

C7-T1: The intervertebral disc is normal. There is no facet joint arthrosis. There is no central canal stenosis or neural foraminal narrowing.

IMPRESSION:

1. Mild multilevel degenerative changes of the cervical intervertebral discs and facets including a 4 mm left posterior lateral disc osteophyte complex at C5-C6 and 3 mm left paracentral extrusion at C6-C7 extending 2 mm superiorly and 2 mm inferiorly from the intervertebral disc level.
2. Moderate right C3-C4, severe bilateral C5-C6 neural foraminal narrowing.
3. Mild C5-C6 and C6-C7 central canal stenosis.

dd: Apr 03, 2020

Reported by: Jennifer Lin M.D.

Electronically signed by: Jennifer Lin M.D.

Thank you for your kind referral. If you require further assistance, please contact our Radiologist Hotline at 480-551-0264.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshtki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Mar 25, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He was approved for 12 more sessions but the facility is currently closed due to COVID 19. He will begin this when it is safe to proceed.

Patient states that he attended 2/6 sessions of massage therapy but this caused a significant increase in pain. He did stop attending these for this reason.

We do have the patient's QME report from Dr. Stoller to review today. Per the patient, he already underwent the recommended upper extremity EMG and some MRIs of his wrists.

Patient has been using Voltaren gel for topical relief of his symptoms. However, he recently trialed lidocaine ointment instead and found this to be far more effective than Voltaren gel. He inquires about a prescription for this.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Current Medications:

1. Voltaren 1% Gel Apply 2-3 grams to affected area up to 4 times daily update amount
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Cervical Spine MRI without contrast (72141).

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

Changed/Discontinued Medication(s):

Discontinued: VOLTAREN 1% GEL - patient had better benefit from lidocaine

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

He has been approved for additional acupuncture therapy, but this is on hold due to COVID 19. He has discontinued massage therapy due to increased in pain.

We reviewed his QME with Dr. Stoller today. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG done and we will try to obtain this report. He has not heard anything regarding the cervical MRI therefore we will request for this today. Pending the results, we will discuss the potential for epidural injections vs conservative treatment.

We will trial the patient on 5% lidocaine ointment today and monitor his progress.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour

shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.
*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

MRIs - Cervical Spine Part 1: Following has been recommended by the MTUS/ACOEM Guidelines regarding Magnetic Resonance Imaging of the cervical spine

Magnetic resonance imaging (MRI) is considered the gold standard in diagnostic imaging for defining soft tissue anatomy due to its greater ability to distinguish soft tissues.(340-343) Thus, MRI is recommended to assess potential nerve root or spinal cord compression, if the patient is a candidate for surgery or radiation therapy, and if no contraindications to MRI exist. Computerized tomography (CT) remains an important analytical tool especially for evaluating bony or calcified structures.(340, 341, 344, 345) MRI may also be useful in the acute trauma setting to evaluate for soft tissue injury in non-communicative patients with a high pre-test probability of significant injury that would need intervention.(340, 344, 345) MRI also can determine if a fracture seen on x-ray is recent (still has marrow edema) or remote (healed and without marrow edema).

MRI for Diagnosing Red Flag Conditions

Recommended. MRI is recommended for patients with:

1. Acute cervical pain with progressive neurologic deficit;
2. Significant trauma with no improvement in significantly painful or debilitating symptoms;
3. A history of neoplasia (cancer);
4. Multiple neurological abnormalities that span more than one neurological root level;(340, 344-347)
5. Previous neck surgery with increasing neurologic symptoms;
6. Fever with severe cervical pain; or
7. Symptoms or signs of myelopathy.

Strength of Evidence – Recommended, Evidence (C)

Level of Confidence – High

Benefits: Diagnosis of a surgically treatable condition or otherwise latent medical condition(s).

Harms: Medicalization or worsening of otherwise benign spine condition.

Rationale: MRI has been evaluated in quality studies (see evidence table); however, most cases of cervicothoracic pain and radicular pain syndromes spontaneously resolve and require no imaging.(349-351) The sensitivity and specificity of MRI or CT are difficult to define as they require a “gold standard” that is difficult to define in spine pain since the final diagnosis often is based on the same imaging modality being tested. Therefore, these clinical studies may be prone to incorporation bias, artificially inflating the sensitivity and specificity with some assuming MRI has 100% sensitivity and specificity. Multiple case series have been reported in patients with acute cervicothoracic trauma with neurologic deficits. A retrospective review evaluated MR and CT scans in 113 acute spine trauma patients. The study reported on a total of 166 lesions found

on MRI and CT scan. MRI was reported to be superior to CT scan in finding soft tissue injury, ligamentous injury, high-grade stenosis, and spinal cord injuries.(347) A case series evaluated MRI and CT scans in 14 spinal trauma patients. They reported that CT missed 3 epidural hemorrhages (100%) found on MRI, and CT missed 3 of 5 (60%) intervertebral disc injuries found on MRI.(345) It has been shown that MRI is superior to CT scan and x-ray at identifying spinal cord injury and other soft tissue injuries.(340, 344-347, 352, 353)

A study evaluating 52 cervical radiculopathy patients with or without myelopathy reported that MRI was in agreement with the surgical findings 74% of the time. When MRI and CT myelography were conducted on the same patient, the radiographic diagnosis was in agreement with the surgical diagnosis 90% of the time.(343)

A study with 497 asymptomatic patients was conducted. An overall increase of MRI findings related to age ($p < 0.0001$) was reported. Grade 1 or Grade 2 disc degeneration was found in 17% of the discs in asymptomatic men and 12% of the discs in asymptomatic women in their twenties rising to 86% and 89%, respectively, in subjects over 60 years of age.(354) A study evaluated MRI findings in a cohort of high school students with or without cervicothoracic pain. They initially surveyed students about symptoms while they were in high school. Seven years after the first survey was completed another survey was done. The participants with cervicothoracic and shoulder pain on both occasions but without significant changes over the years were chosen as the symptomatic group.

Participants without cervicothoracic or shoulder pain at both survey times were the asymptomatic group. Participants had an MRI done at the end of the 7 years follow-up. Pathological changes of the cervical spine seen with MRI in 24 to 27 years old were reported to be equally common in the symptomatic and asymptomatic groups; 20 degenerated discs in the symptomatic group (SG) and 26 in the asymptomatic group (AG); 14 annular tears in the SG, 18 in the AG; 18 disc protrusions in the SG, and 29 in the AG. Disc herniations were the only finding more prevalent in the symptomatic group, 4 in the symptomatic group and 0 in the asymptomatic group.(355).

A prospective study evaluated MRI scans in acute whiplash patients at baseline and after 3 months. Each patient was involved in a RCT evaluating immobilization, active mobilization and advice to act as usual. The initial MRIs were performed on 178 patients and follow up MRIs on 82 (46.1%) patients. The most frequent finding was pre-existing degeneration 139/178 (78%). Bulges or protrusions of one or more discs were present in 35/178 (20%) of the participants. It was determined that 7 had findings on MRI that were "traumatic" in nature (paravertebral bleeding/edema, prevertebral bleeding/edema, edema in the spinal cord, or "traumatic" disc protrusion or bulge). The authors concluded that MRI is not the answer to a diagnosis in the vast majority of patients developing long-lasting pain after a whiplash injury, and early MRI scans do not predict prognosis.(356) Others have reported evidence of fatty infiltrates in the craniocervical flexors being statistically higher on MRI in those with chronic whiplash disorders.(353) However, a prospective, 10-year study has reported MRI findings do not explain persistent symptoms.(357)

Another study evaluated MRI findings in relation to the transverse ligaments of the atlas (alar

ligaments). The study evaluated 92 whiplash-injured patients diagnosed as Grade 2 whiplash patients and 30 uninjured individuals who underwent proton density-weighted MRI of the craniovertebral junction at least 2 years after the injury. Twenty out of 117 (17.1%) had Grade 2 or 3 posterior atlanto-occipital membrane lesions. No Grade 3 lesions and only one Grade 2 lesion was found in the uninjured individuals. However, no clinical correlation was made in regard to prognosis or symptoms based in the MRI findings.(358) In another study using the same populations it was reported that the transverse ligament was classified as abnormal in 64% in the injured group and 27% of the uninjured group.(358) The authors failed to explain why the alar ligament should show signs of acute injury (increased signal) 2 to 9 years after the whiplash event in spines that are not clinically unstable. Other investigators did not find MRI evaluation of the alar ligaments clinically helpful due to the high prevalence of "abnormalities" in normal people.(359, 360)

There is no quality evidence for use of MRI within the first 6 weeks of symptom onset. However, rare cases are thought to need MRI and emergent/urgent surgery (see below).(343) Patients presenting with a mild single nerve root deficit, such as an absent deep tendon reflex, should not have early MRI, as their condition usually resolves spontaneously; thus, the test does not alter the course of treatment. Those who have a documented neurologic status that then objectively deteriorates (particularly a significant increase in weakness or an increased loss of sensation compared with the prior examination) and those with a history of cancer with symptoms suggesting atypical radicular presentation do have an indication for early imaging with MRI.

In the absence of red flags suggesting fracture or serious systemic illness, imaging before 6 weeks produces no clear health outcomes benefit.(355, 356, 361-364) Early imaging would be expected to result in higher overall costs and increased morbidity through the performance of some unnecessary procedures and/or surgeries. Disc degeneration, disc bulging, and endplate changes on MRI have been shown to either not correlate at all or correlate poorly with clinical outcomes, suggesting that MRI is not useful for most patients.(340, 341, 354-356) Patients should be a priori informed that their MRI is highly unlikely to be "normal" as few patients have a normal MRI(354), and there is a considerable rate of resolution of herniations over 6 weeks after an initial MRI documented in the lumbar spine (see Low Back Disorders guideline). A patient handout describing the prevalence of "abnormal findings" on MRI of asymptomatic individuals is helpful. Physicians lacking the time or knowledge to explain these facts to patients should avoid ordering MRIs. The discovery of degenerative changes or clinically irrelevant disc herniations in many patients may cause them to focus on the need to "fix" MRI changes that are actually normal for their age or are asymptomatic findings.(354) This may also become a rationale for avoiding participation in the therapeutic activities that promote functional recovery. In addition, lack of understanding of the strengths, indications, and limitations of a technology preclude adequate clinical interpretation of the results. In those cases, consultation with a physician experienced in treating musculoskeletal disorders may be helpful. A prospective, observational study using MRI preoperatively to predict postoperative recovery in 57 cervical spondylotic myelopathy (CSM) patients found MRI beneficial in predicting outcomes. The study found those with high T2SI and spinal cord failure were found to predict poorer recovery. Patients with low T1SI were predictive of greater impairment, and those with focal T2SI made more significant improvements in walking. However, the evidence of

prognostic power for CSM patients is inconsistent.(365)

Open MRIs have lower ability to discern soft tissue without lower costs and are not recommended other than in circumstances where the patient is either morbidly obese and exceeds the closed MRI unit's weight specifications, or suffers from claustrophobia that is not alleviated with a low-dose anxiolytic administered prior to the procedure.

MRI is minimally invasive even when contrast is used, has few adverse effects, but is high cost. MRI changes treatment if it detects unrecognized fracture, systemic disease, or a spinal condition for which surgery is the recommended treatment.

Evidence: There are 3 high-quality studies (341, 366, 367) and 15 moderate-quality studies (340, 343-347, 352, 354-356, 358, 368-371) incorporated into this analysis.

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: magnetic resonance imaging, MRI, MRI scan, cervicalgia, neck pain, cervical pain, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular pain, intervertebral disc displacement, herniated, herniat*, displacement, displacements, displaced, disk, disc, discs, discs, pain, diagnostic, efficacy, efficiency, sensitivity, specificity, predictive value of tests, positive predictive value and negative predictive value. In PubMed, we found and reviewed 2,442 articles, and considered 8 for inclusion. In Scopus, we found and reviewed 186 articles, and considered 1 for inclusion. In CINAHL, we found and reviewed 68 articles, and considered zero for inclusion. In Cochrane Library, we found and reviewed 78 articles, and considered zero for inclusion. We also considered for inclusion 11 articles from other sources. Of the 25 articles considered for inclusion, 17 studies and 8 systematic studies met the inclusion criteria.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial

pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/31/2020

Castro, Mario : 03/31/2020
Kweller, Esq., Zachary : 04/01/2020
Castro, Mario : 04/01/2020
UR, Chubb : 04/01/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 04/06/2020

Pain and Rehabilitative Consultants Medical Group
1335 Stanford Avenue
Emeryville, CA 94608-2536
Phone: 510-858-3155 Fax: 510-740-7769

Patient: Jonathan Shockley
Employer: Biotelemetry, Inc
Case Number: 040519008736

PROOF OF SERVICE BY MAIL
(CCP §§1013(A), 2015.5)

I declare that:

I am employed in the County of Alameda, I am over the age of eighteen years and not a party to the within action; my business address is 1335 Stanford Avenue Emeryville, CA 94608-2536

On 04/13/2020, I served the within

HCFA 1500
REPORT

on the named parties in said action by placing a true copy thereof, enclosed in a sealed envelope, with postage thereon fully prepaid, in the United States Mail,

Addressed as follows

Chubb Son of Federal Ins Company
P.O. Box 42065
Phoenix, AZ 85080

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed this date at Emeryville, California

Dated: 04/13/2020



Maria Urena

Andreas Schwerte, O.M.D., L.Ac.

300 Montgomery Street, Suite 204 San Francisco, CA 94104
Phone (415) 434-1530 Fax (415) 434-1533

SOAP Notes

PATIENT: SHOCKLEY, JONATHAN
DATE OF ONSET: 2/15/19
DOB: 9/27/1978
CLAIM#: 040519008736

3/11/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4-5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

PROCEDURES:

99213, 97813, 97814, 97140, 97110



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathian Shockley
CORVEL #: 139249073-UMO-8

ADJUSTER: Mario Castro

Determination Date: 12/06/2019

RFA Received Date: 12/02/2019

Provider: Babak J Jamasbi, MD

Pre-cert #: 139249073-UMO-8

One Call PT / OCM

Phone: 866-389-0211

Fax: 904-998-0299

Email: PT@onecallem.com

Online: myeasyreferral.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 12/06/2019 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	6	0	0	Left - Hand, Right - Hand	97813, 97814, 97026, 97124				
Certified	Acupuncture	6	0	0	Left - Hand, Right - Hand	97813, 97814, 97026, 97124	12/6/19	6/6/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

12/6/2019 12:55 PM

-> Babak J Jamasbi, MD

Page 4 of 7



Sincerely,

Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On December 6, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Babak J Jamasbi, MD
Fax: (510) 647-5105

PT@onecallcm.com
Email: PT@onecallcm.com

WENDY.JUDD@CHUBB.COM
Email: WENDY.JUDD@CHUBB.COM

Executed on December 6, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in cursive script, appearing to read 'Linda A. Grant', written over a horizontal line.

Signature

File: 139249073 Shockley



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019
CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-12

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA
ADJUSTER: Mario Castro

Determination Date: 03/10/2020
RFA Received Date: 03/04/2020
Provider: Babak Jamasbi, MD
Pre-cert #: 139249073-UMO-12

Network:

One Call PT / OCM Phone: 866-389-0211, Fax:
904-998-0299, Email: PT@onecallcm.com, Online:
myeasyreferral.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made and is summarized below:

THERAPY								
Determination	Type of Therapy	Total # Visits		Body Part	CPT	Effective Date	Termination Date	Provider
Requested	Acupuncture	12		Bilateral Hands, Wrists and Forearms	97813, 97814, 97026, 97124			One Call
Certified	Acupuncture	12		Bilateral Hands, Wrists and Forearms	97813, 97814, 97026, 97124	3/10/20	9/10/20	One Call

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Anastasia Skenandore RN, CCM
Utilization Management Department
cc: Office Copy

Mario Castro

CorVel Corporation | PO Box 3529 | Costa Mesa, CA 92628 | p 714.385.8500 | f 866.910.4423



Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On March 10, 2020, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Anastasia.skenandore@chubb.com
Email: Anastasia.skenandore@chubb.com

Babak Jamasbi, MD
Fax: (510) 647-5105

PT@onecallcm.com
Email: PT@onecallcm.com

Executed on March 10, 2020, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read 'Linda A. Grant', written over a horizontal line.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On March 10, 2020, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Babak Jamasbi, MD
1335 Stanford Ave.
Emeryville
CA
94608

Christian Charles Colantoni
201 Spear Street, Ste. 1100
San Francisco
CA
94105

Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

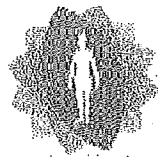
Executed on March 10, 2020 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the STATE OF OREGON, that the foregoing is true and correct.

Signature

File: 040519008736, Shockley Jonathan



Pain & Rehabilitative
CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Mar 25, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He was approved for 12 more sessions but the facility is currently closed due to COVID 19. He will begin this when it is safe to proceed.

Patient states that he attended 2/6 sessions of massage therapy but this caused a significant increase in pain. He did stop attending these for this reason.

We do have the patient's QME report from Dr. Stoller to review today. Per the patient, he already underwent the recommended upper extremity EMG and some MRIs of his wrists.

Patient has been using Voltaren gel for topical relief of his symptoms. However, he recently trialed lidocaine ointment instead and found this to be far more effective than Voltaren gel. He inquires about a prescription for this.

OBJECTIVE FINDINGS:**Constitutional - General Appearance:**

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Current Medications:

1. Voltaren 1% Gel Apply 2-3 grams to affected area up to 4 times daily update amount
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Cervical Spine MRI without contrast (72141).

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

Changed/Discontinued Medication(s):

Discontinued: VOLTAREN 1% GEL, - patient had better benefit from lidocaine

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinell's at both elbow.

He has been approved for additional acupuncture therapy, but this is on hold due to COVID 19. He has discontinued massage therapy due to increased in pain.

We reviewed his QME with Dr. Stoller today. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG done and we will try to obtain this report. He has not heard anything regarding the cervical MRI therefore we will request for this today. Pending the results, we will discuss the potential for epidural injections vs conservative treatment.

We will trial the patient on 5% lidocaine ointment today and monitor his progress.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment

recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative

Consultants Medical Group.

JUSTIFICATION:

MRIs - Cervical Spine Part 1: Following has been recommended by the MTUS/ACOEM Guidelines regarding Magnetic Resonance Imaging of the cervical spine

Magnetic resonance imaging (MRI) is considered the gold standard in diagnostic imaging for defining soft tissue anatomy due to its greater ability to distinguish soft tissues.(340-343) Thus, MRI is recommended to assess potential nerve root or spinal cord compression, if the patient is a candidate for surgery or radiation therapy, and if no contraindications to MRI exist.

Computerized tomography (CT) remains an important analytical tool especially for evaluating bony or calcified structures.(340, 341, 344, 345) MRI may also be useful in the acute trauma setting to evaluate for soft tissue injury in non-communicative patients with a high pre-test probability of significant injury that would need intervention.(340, 344, 345) MRI also can determine if a fracture seen on x-ray is recent (still has marrow edema) or remote (healed and without marrow edema).

MRI for Diagnosing Red Flag Conditions

Recommended. MRI is recommended for patients with:

1. Acute cervical pain with progressive neurologic deficit;
2. Significant trauma with no improvement in significantly painful or debilitating symptoms;
3. A history of neoplasia (cancer);
4. Multiple neurological abnormalities that span more than one neurological root level;(340, 344-347)
5. Previous neck surgery with increasing neurologic symptoms;
6. Fever with severe cervical pain; or
7. Symptoms or signs of myelopathy.

Strength of Evidence – Recommended, Evidence (C)

Level of Confidence – High

Benefits: Diagnosis of a surgically treatable condition or otherwise latent medical condition(s).

Harms: Medicalization or worsening of otherwise benign spine condition.

Rationale: MRI has been evaluated in quality studies (see evidence table); however, most cases of cervicothoracic pain and radicular pain syndromes spontaneously resolve and require no imaging.(349-351) The sensitivity and specificity of MRI or CT are difficult to define as they require a “gold standard” that is difficult to define in spine pain since the final diagnosis often is based on the same imaging modality being tested. Therefore, these clinical studies may be prone to incorporation bias, artificially inflating the sensitivity and specificity with some assuming MRI has 100% sensitivity and specificity. Multiple case series have been reported in patients with acute cervicothoracic trauma with neurologic deficits. A retrospective review evaluated MR and

CT scans in 113 acute spine trauma patients. The study reported on a total of 166 lesions found on MRI and CT scan. MRI was reported to be superior to CT scan in finding soft tissue injury, ligamentous injury, high-grade stenosis, and spinal cord injuries.(347) A case series evaluated MRI and CT scans in 14 spinal trauma patients. They reported that CT missed 3 epidural hemorrhages (100%) found on MRI, and CT missed 3 of 5 (60%) intervertebral disc injuries found on MRI.(345) It has been shown that MRI is superior to CT scan and x-ray at identifying spinal cord injury and other soft tissue injuries.(340, 344-347, 352, 353)

A study evaluating 52 cervical radiculopathy patients with or without myelopathy reported that MRI was in agreement with the surgical findings 74% of the time. When MRI and CT myelography were conducted on the same patient, the radiographic diagnosis was in agreement with the surgical diagnosis 90% of the time.(343)

A study with 497 asymptomatic patients was conducted. An overall increase of MRI findings related to age ($p < 0.0001$) was reported. Grade 1 or Grade 2 disc degeneration was found in 17% of the discs in asymptomatic men and 12% of the discs in asymptomatic women in their twenties rising to 86% and 89%, respectively, in subjects over 60 years of age.(354) A study evaluated MRI findings in a cohort of high school students with or without cervicothoracic pain. They initially surveyed students about symptoms while they were in high school. Seven years after the first survey was completed another survey was done. The participants with cervicothoracic and shoulder pain on both occasions but without significant changes over the years were chosen as the symptomatic group.

Participants without cervicothoracic or shoulder pain at both survey times were the asymptomatic group. Participants had an MRI done at the end of the 7 years follow-up. Pathological changes of the cervical spine seen with MRI in 24 to 27 years old were reported to be equally common in the symptomatic and asymptomatic groups; 20 degenerated discs in the symptomatic group (SG) and 26 in the asymptomatic group (AG); 14 annular tears in the SG, 18 in the AG; 18 disc protrusions in the SG, and 29 in the AG. Disc herniations were the only finding more prevalent in the symptomatic group, 4 in the symptomatic group and 0 in the asymptomatic group.(355).

A prospective study evaluated MRI scans in acute whiplash patients at baseline and after 3 months. Each patient was involved in a RCT evaluating immobilization, active mobilization and advice to act as usual. The initial MRIs were performed on 178 patients and follow up MRIs on 82 (46.1%) patients. The most frequent finding was pre-existing degeneration 139/178 (78%). Bulges or protrusions of one or more discs were present in 35/178 (20%) of the participants. It was determined that 7 had findings on MRI that were "traumatic" in nature (paravertebral bleeding/edema, prevertebral bleeding/edema, edema in the spinal cord, or "traumatic" disc protrusion or bulge). The authors concluded that MRI is not the answer to a diagnosis in the vast majority of patients developing long-lasting pain after a whiplash injury, and early MRI scans do not predict prognosis.(356) Others have reported evidence of fatty infiltrates in the craniocervical flexors being statistically higher on MRI in those with chronic whiplash disorders.(353) However, a prospective, 10-year study has reported MRI findings do not explain persistent symptoms.(357)

Another study evaluated MRI findings in relation to the transverse ligaments of the atlas (alar ligaments). The study evaluated 92 whiplash-injured patients diagnosed as Grade 2 whiplash patients and 30 uninjured individuals who underwent proton density-weighted MRI of the craniovertebral junction at least 2 years after the injury. Twenty out of 117 (17.1%) had Grade 2 or 3 posterior atlanto-occipital membrane lesions. No Grade 3 lesions and only one Grade 2 lesion was found in the uninjured individuals. However, no clinical correlation was made in regard to prognosis or symptoms based in the MRI findings.(358) In another study using the same populations it was reported that the transverse ligament was classified as abnormal in 64% in the injured group and 27% of the uninjured group.(358) The authors failed to explain why the alar ligament should show signs of acute injury (increased signal) 2 to 9 years after the whiplash event in spines that are not clinically unstable. Other investigators did not find MRI evaluation of the alar ligaments clinically helpful due to the high prevalence of “abnormalities” in normal people.(359, 360)

There is no quality evidence for use of MRI within the first 6 weeks of symptom onset. However, rare cases are thought to need MRI and emergent/urgent surgery (see below).(343) Patients presenting with a mild single nerve root deficit, such as an absent deep tendon reflex, should not have early MRI, as their condition usually resolves spontaneously; thus, the test does not alter the course of treatment. Those who have a documented neurologic status that then objectively deteriorates (particularly a significant increase in weakness or an increased loss of sensation compared with the prior examination) and those with a history of cancer with symptoms suggesting atypical radicular presentation do have an indication for early imaging with MRI.

In the absence of red flags suggesting fracture or serious systemic illness, imaging before 6 weeks produces no clear health outcomes benefit.(355, 356, 361-364) Early imaging would be expected to result in higher overall costs and increased morbidity through the performance of some unnecessary procedures and/or surgeries. Disc degeneration, disc bulging, and endplate changes on MRI have been shown to either not correlate at all or correlate poorly with clinical outcomes, suggesting that MRI is not useful for most patients.(340, 341, 354-356)

Patients should be a priori informed that their MRI is highly unlikely to be “normal” as few patients have a normal MRI(354), and there is a considerable rate of resolution of herniations over 6 weeks after an initial MRI documented in the lumbar spine (see Low Back Disorders guideline). A patient handout describing the prevalence of “abnormal findings” on MRI of asymptomatic individuals is helpful. Physicians lacking the time or knowledge to explain these facts to patients should avoid ordering MRIs. The discovery of degenerative changes or clinically irrelevant disc herniations in many patients may cause them to focus on the need to “fix” MRI changes that are actually normal for their age or are asymptomatic findings.(354) This may also become a rationale for avoiding participation in the therapeutic activities that promote functional recovery. In addition, lack of understanding of the strengths, indications, and limitations of a technology preclude adequate clinical interpretation of the results. In those cases, consultation with a physician experienced in treating musculoskeletal disorders may be helpful.

A prospective, observational study using MRI preoperatively to predict postoperative recovery in 57 cervical spondylotic myelopathy (CSM) patients found MRI beneficial in predicting outcomes. The study found those with high T2SI and spinal cord failure were found to predict poorer recovery. Patients with low T1SI were predictive of greater impairment, and those with

focal T2SI made more significant improvements in walking. However, the evidence of prognostic power for CSM patients is inconsistent.(365)

Open MRIs have lower ability to discern soft tissue without lower costs and are not recommended other than in circumstances where the patient is either morbidly obese and exceeds the closed MRI unit's weight specifications, or suffers from claustrophobia that is not alleviated with a low-dose anxiolytic administered prior to the procedure.

MRI is minimally invasive even when contrast is used, has few adverse effects, but is high cost. MRI changes treatment if it detects unrecognized fracture, systemic disease, or a spinal condition for which surgery is the recommended treatment.

Evidence: There are 3 high-quality studies (341, 366, 367) and 15 moderate-quality studies (340, 343-347, 352, 354-356, 358, 368-371) incorporated into this analysis.

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: magnetic resonance imaging, MRI, MRI scan, cervicalgia, neck pain, cervical pain, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular pain, intervertebral disc displacement, herniated, herniated*, displacement, displacements, displaced, disk, disc, discs, discs, pain, diagnostic, efficacy, efficiency, sensitivity, specificity, predictive value of tests, positive predictive value and negative predictive value. In PubMed, we found and reviewed 2,442 articles, and considered 8 for inclusion. In Scopus, we found and reviewed 186 articles, and considered 1 for inclusion. In CINAHL, we found and reviewed 68 articles, and considered zero for inclusion. In Cochrane Library, we found and reviewed 78 articles, and considered zero for inclusion. We also considered for inclusion 11 articles from other sources. Of the 25 articles considered for inclusion, 17 studies and 8 systematic studies met the inclusion criteria.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are

generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/31/2020
Castro, Mario : 03/31/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/25/2020

David F. Smolins, M.D.
Interventional Pain Medicine

Mark J. Sontag, M.D.
Sports, Spine and Electrodagnostic Medicine

Elaine S. Date, M.D.
Musculoskeletal, Spine and Electrodagnostic Medicine

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Mittel Davenport, L.Ac.
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Orthopaedic Surgery, Sports Medicine

R. Elaine Lambert, M.D.
Rheumatologist

Marina Zyskina, N.P.

www.remedydocs.com

Apr 06, 2020

MEDICAL LEGAL SUPPLEMENTAL REPORT - ML-106

RE: Shockley, Jonathan
EMP: CARDIONET LLC
DOI: 02/15/2019
CLAIM #: 7173815490


Dear Concerned Parties,

I am in receipt of a February 10, 2020, EMG/NCV of the bilateral upper extremities for Mr. Jonathan Shockley. I have spent 20 minutes reviewing this report, 20 minutes of reviewing her medical record and 20 minutes writing and editing this report. This will be billed as an ML-106 with 60 minutes spent.

This study is abnormal. There is evidence of bilateral demyelinating Ulnar mononeuropathy across the elbows. This is consistent with a diagnosis of bilateral cubital tunnel syndrome. He should continue to treat with Dr. Jamasbi. OT for his bilateral forearms with 14 sessions would be a good place to start treating this problem. If he fails to respond to HEP, OT, the use of elbow braces at night and medication, consultation with a surgeon may be appropriate.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,



Adam J. Stoller, M.D.

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Apr 06, 2020

Page 2

RE: Shockley, Jonathan

CC:

Mario Castro, Claims Adjuster

James Goines, Defense Attorney

Zachary Kweller, Applicant Attorney

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2

Re: Jonathan Shockley

Date: Apr 06, 2020

PROCEDURES:

99213, 97813, 97814, 97140, 97110

12/6/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 3-4 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

12/10/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 3 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl

- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

12/13/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 2-3 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

PROCEDURES:

97813, 97814, 97140, 97110

1/22/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4-5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work. Patient experienced a flare-up during the last 3 weeks.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

PROCEDURES:

97813, 97814, 97140, 97110

1/24/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4-5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work. Patient experienced a flare-up during the last 3 weeks.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Feb 26, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He would like to continue this if possible. He started massage therapy and it did cause some increased pain. He will try to be more vocal with the therapist.

The patient states that he underwent a MRI and upper extremity EMG through his QME 3 weeks ago. We do not have this report for review.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily

2. Advil (OTC)

3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

12 sessions of acupuncture 97813, 97814, 97026, 97124 Bilateral hands, wrists and forearms.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.

REF: 1 update amount

Changed/Discontinued Medication(s):

Changed: VOLTAREN 1% GEL - update amount

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

We will request for 6 additional sessions of acupuncture today.

He underwent a QME on Jan 23, 2020 and the patient had a MRI and EMG through this QME. We will review this when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under

fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Acupuncture - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Acupuncture

Acupuncture

Acupuncture has been used to treat CTS and other hand, wrist, and forearm MSDs.(790, 791) There is evidence of its efficacy for treatment of chronic spine disorders, although the evidence suggests traditional acupuncture is not superior to other acupuncture methods (see Chronic Pain and Low Back Disorders Guidelines).

Acupuncture for Acute, Subacute, or Chronic CTS

Not Recommended. Acupuncture is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

Rationale: There are quality trials of acupuncture compared with placebo or sham acupuncture and they have failed to show benefit of acupuncture for treatment of CTS.(792) One trial found no differences between acupuncture and oral steroid.(793, 794) Another trial susceptible to contact time bias found minimal differences between acupuncture and nocturnal wrist splinting.(781) Thus, the highest quality evidence suggests acupuncture is ineffective for treatment of CTS and acupuncture is not recommended.

Evidence: There are 4 moderate-quality RCTs incorporated into this analysis.(781, 792-794) There are 3 low-quality RCTs in Appendix 2.(795-797)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL and

Cochrane Library without date limits using the following terms: Acupuncture, Acupuncture Therapy, carpal tunnel syndrome, CTS, median nerve neuropathy, median neuropathy, median nerve disease, entrapment, neuropathy, nerve compression, burning, itching, numbness, tingling, wrist, hand, palm, finger, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random,* randomized, randomization, randomly; systematic, systematic review, retrospective studies, and prospective studies. We found and reviewed 40 articles in PubMed, 411 in Scopus, 83 in CINAHL, 46 in Cochrane Library and 0 in other sources. We considered for inclusion 7 from PubMed, 2 from Scopus, 0 from CINAHL, 0 from Cochrane Library and 0 from other sources. Of the 9 articles considered for inclusion, 8 randomized trials and 2 systematic studies met the inclusion criteria.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to

prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/04/2020
Castro, Mario : 03/04/2020
UR, Chubb : 03/04/2020
Kweller, Esq., Zachary : 03/04/2020
Castro, Mario : 03/04/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 03/05/2020

Pain and Rehabilitative Consultants Medical Group
1335 Stanford Avenue
Emeryville, CA 94608-2536
Phone: 510-858-3155 Fax: 510-740-7769

Patient: Jonathan Shockley
Employer: Biotelemetry, Inc
Case Number: 040519008736

PROOF OF SERVICE BY MAIL
(CCP §§1013(A), 2015.5)

I declare that:

I am employed in the County of Alameda, I am over the age of eighteen years and not a party to the within action; my business address is 1335 Stanford Avenue Emeryville, CA 94608-2536

On 03/11/2020, I served the within

HCFA 1500
REPORT

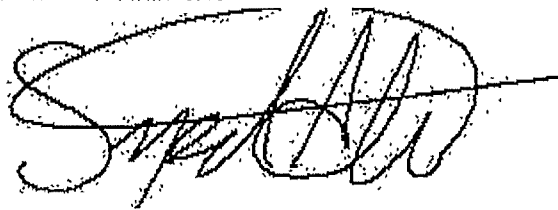
on the named parties in said action by placing a true copy thereof, enclosed in a sealed envelope, with postage thereon fully prepaid, in the United States Mail,

Addressed as follows

Chubb Son of Federal Ins Company
P.O. Box 42065
Phoenix, AZ 85080

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed this date at Emeryville, California

Dated: 03/11/2020

A handwritten signature in black ink, appearing to read 'Syed Ali', with a horizontal line extending from the end of the signature.

Syed Ali

David R. Smolins, M.D.
Interventional Pain Medicine

Mark J. Sontag, M.D.
Sports, Spine and Electrodiagnostics Medicine

Elaine S. Date, M.D.
Musculoskeletal, Spine and Electrodiagnostic Medicine

Adam J. Stoller, M.D.
Interventional Pain Medicine

Mikel Davenport, L.A.c
Acupuncturist



Neeti A. Bathia, M.D.
Musculoskeletal, Sports, Spine and Electrodiagnostic Medicine

George J. Ralder, M.D.
Interventional and Chronic Pain Medicine

Alessandra A.E. Ross, M.D.
Orthopaedic Surgery, Sports Medicine

R. Elaine Lambert, M.D.
Rheumatologist

Marina Zyskda, N.R.

www.remedydocs.com

Apr 01, 2020

MEDICAL LEGAL SUPPLEMENTAL REPORT - ML-106

RE: Shockley, Jonathan
EMP: CARDIONET LLC
DOI: 02/15/2019
CLAIM #: 7173815490

Dear Concerned Parties,

I am in receipt of a February 6, 2020 MRI of the cervical spine without contrast for Mr. Jonathan Shockley. I have spent 20 minutes reviewing this report, 20 minutes of reviewing her medical record and 20 minutes writing and editing this report. This will be billed as an ML-106 with 60 minutes spent.

This study reveals normal right and left forearm imaging studies. This is consistent with a lack of carpal tunnel but the presence of cubital tunnel syndrome.

He should continue to treat with Dr. Jamasbi with therapies aimed at both cervical etiology and bilateral cubital tunnel syndrome.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,

Adam J. Stoller, M.D.

Main Office/Mailing Address
1900 O'Farrell Street, Suite 190
San Mateo, CA 94403
Telephone: 650.306.9490
Fax: 650.306.0250

San Francisco Office
490 Post Street, Suite 900
San Francisco, CA 94102
Telephone: 415.819.6575
Fax: 650.306.0250

Oakland Office
80 Grand Ave., Suite 810
Oakland, CA 94612
Telephone: 650.306.9490
Fax: 650.306.0205

1
Re: Jonathan Shockley
Date: Apr 01, 2020

Apr 01, 2020
Page 2
RE: Shockley, Jonathan

CC:
Mario Castro, Claims Adjuster
James Goines, Defense Attorney
Zachary Kweller, Applicant Attorney.

Main Office/Mailing Address
1900 O'Farrell Street, Suite 190
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Fax: 650.306.0250

Oakland Office
80 Grand Ave., Suite 810
Oakland, CA 94612
Telephone: 650.306.9490
Fax: 650.306.0205

PROCEDURES:

99213, 97813, 97814, 97140, 97110

11/21/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy. Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110

11/25/19

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4-5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work.

PROCEDURES:

99213, 97813, 97814, 97140, 97110

1/14/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 5-6 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work. Patient experienced a flare-up during the last 3 weeks.

Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

PROCEDURES:

97813, 97814, 97140, 97110

1/17/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work. Patient experienced a flare-up during the last 3 weeks.

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- Extension: nl
- Supination: nl
- Pronation: nl

ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
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Diagnosis:

- Lateral & Epicondylitis

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.

PROCEDURES:

97813, 97814, 97140, 97110

1/22/20

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 4-5 (0-10) depending on the day and activity level. Pain and associated symptoms are aggravated by work. Patient experienced a flare-up during the last 3 weeks.

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